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CENTRAL FAX CENTER**MAR 12 2009****FAX TRANSMISSION****DATE:** March 12, 2009**PTO IDENTIFIER:** Application Number 10/510,592-Conf. #9269
Patent Number**Inventor:** Ronald Rodriguez et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Jonathan M. Sparks, Ph.D.

PHONE: (617) 517-5543**Attorney Dkt. #:** 58799(71699)**PAGES (including Cover Sheet):** 34**CONTENTS:**
Certificate of Transmission (1 page)
Fee Transmittal (1 page)
Amendment Transmittal (1 page)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Amendment in Response to Non-Final Office Action (10 pages)
Hicke et al (6 pages)
Yu et al (4 pages)
Muzykantov et al (9 pages)
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PTO/SB/97 (08-04)

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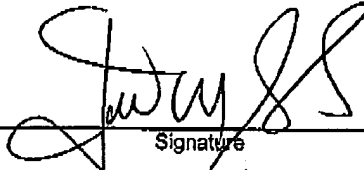
Application No. (if known): 10/510,592

Attorney Docket No.: 58799(71699)

Certificate of Transmission under 37 CFR 1.8

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Fee Transmittal (1 page)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number	10/510,592-Conf. #9269
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	August 17, 2005
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Ronald Rodriguez
65.00		Examiner Name	B. A. Whiteman
		Art Unit	1635
		Attorney Docket No.	58799(71699)

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
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<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-1105
Deposit Account Name: Edwards Angell Palmer & Dodge LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES		
Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
7	- 20 or HP	x				
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
	- 3 or HP	x				
HP = highest number of independent claims paid for, if greater than 3.						

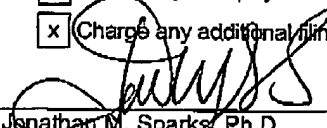
3. APPLICATION SIZE FEE					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	
	- 100 =	/50 =	(round up to a whole number) x		

4. OTHER FEE(S)		Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): 2251 Extension for response within first month		65.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	53,624
Name (Print/Type)	Jonathan M. Sparks, Ph.D.	Telephone	(617) 517-5543
		Date	March 12, 2009

BOS2 725735.1

MAR 12 2009

AMENDMENT TRANSMITTAL LETTER			Docket No. 58799(71699)	
Application No. 10/510,592-Conf. #9269	Filing Date August 17, 2005	Examiner B. A. Whiteman	Art Unit 1635	
Applicant(s): Ronald Rodriguez et al.				
Invention: PACKAGING CELL LINE FOR DIPHTHERIA TOXIN EXPRESSING NON-REPLICATING ADENOVIRUS				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	7	- 20 =		x
Independent Claims		- 3 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within first month				65.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				65.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity				
<input type="checkbox"/> No additional fee is required for this amendment.				
<input checked="" type="checkbox"/> Please charge Deposit Account No. 04-1105 in the amount of \$ 65.00.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 Jonathan M. Sparks, Ph.D. Attorney/Agent Reg. No.: 53,624			Dated: March 12, 2009	
EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 517-5543				

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